

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MEDICAL DEVICES AND METHODS OF MAKING THE SAME, the specification of which:

is attached hereto.
 was filed on _____ as Application Serial No. _____ and was amended on _____.
 was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John J. Gagel, Reg. No. 33,499
Sean P. Daley, Reg. No. 40,978

Robert C. Nabinger, Reg. No. 33,431
Tu N. Nguyen, Reg. No. 42,934

Address all telephone calls to TU N. NGUYEN at telephone number (617) 542-5070.

Address all correspondence to JOHN J. GAGEL at:

FISH & RICHARDSON P.C.
225 Franklin Street
Boston, Massachusetts 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: VERIVADA CHANDRASEKARAN

Inventor's Signature:



Date:

9-25-02

Residence Address:

Mercer Island, WA

Citizenship:

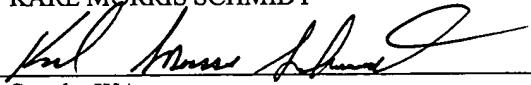
United States

Post Office Address:

2433 84th Ave. SE
Mercer Island, WA 98040

Combined Declaration and Power of Attorney
Page 2 of 2 Pages

Full Name of Inventor: KARL MORRIS SCHMIDT

Inventor's Signature: 

Date: 7/25/2007

Residence Address:

Seattle, WA

Citizenship:

United States

Post Office Address:

2401 NW 63rd, Apt. 6

Seattle, WA 98107

Full Name of Inventor: CHRISTOPHER TORRES MOLINA

Inventor's Signature: 

Date: 9/25/2002

Residence Address:

Redmond, WA

Citizenship:

United States

Post Office Address:

9627 157th Place NE

Redmond, WA 98052